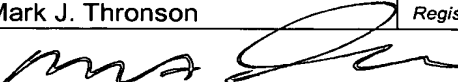


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>R2184.0134/P134-A</b>	
		First Inventor <b>Akihiko Shimizu</b>	
		Title <b>METHOD FOR OPTICALLY RECORDING INFORMATION ON AN OPTICALLY RE- WRITABLE INFORMATION MEDIUM</b>	
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>56</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul>	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>10</b>]</span>			
5. Oath or Declaration <span style="float: right;">[Total Sheets <b>4</b>]</span> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul>		<b>ACCOMPANYING APPLICATION PARTS</b>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>10/071,199</b> <small>Prior application information: Examiner <b>H. Pham</b> Art Unit: <b>2861</b></small>			
<b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number: <b>24998</b> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b> <b>Mark J. Thronson</b>		City <b>Washington</b> State <b>DC</b> Zip Code <b>20037-1526</b> Country <b>US</b> Telephone <b>(202) 785-9700</b> Fax <b>(202) 887-0689</b>	
Address <b>2101 L Street NW</b>			
City <b>Washington</b> State <b>DC</b> Zip Code <b>20037-1526</b>			
Country <b>US</b> Telephone <b>(202) 785-9700</b> Fax <b>(202) 887-0689</b>			
Name (Print/Type) <b>Mark J. Thronson</b>		Registration No. (Attorney/Agent) <b>33,082</b>	
Signature 		Date <b>February 13, 2004</b>	



17698 U.S. PTO

PTO/SB/17 (10-03)  
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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	NOT YET ASSIGNED
		Filing Date	Concurrently Herewith
		First Named Inventor	Akihiko Shimizu
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	R2184.0134/P134-A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 770.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	770.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	17	-20** =		x	Fee from below = 0.00
Independent Claims	2	-3** =		x	Fee from below = 0.00
Multiple Dependent					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Telephone	(202) 775-4742
		Date	February 13, 2004

SUBTOTAL (3)		(\$)	0.00
*Reduced by Basic Filing Fee Paid			